



## **IV. PREVENTIVE HEALTH OUTREACH AND SERVICE PROGRAMS**



The DEPARTMENT OF HEALTH AND HOSPITALS provides Louisianians with a variety of Preventive Health Outreach Programs targeted to assure the health of its most vulnerable citizens: infants and children, adolescents, women, families, and persons suffering from infectious diseases, substance addictions, and mental impairment. The following programs provide needed health care to thousands of individual Louisiana residents. In doing so, they are essential to the health of the state as a whole.

## **Programs Targeting Infants, Children, and Adolescents**

### **A. CHILDHOOD IMMUNIZATION INITIATIVE – SHOTS FOR TOTS**

The Shots for Tots Program, through the IMMUNIZATION PROGRAM of the OFFICE OF PUBLIC HEALTH, was developed to improve immunization levels among infants and toddlers. The program has four major methods to improve children's immunization levels: (1) service delivery, (2) information and education, (3) assessment, and (4) coordination and oversight.

- Service delivery is increased by increasing the number of towns and cites where immunizations can be received, by reducing barriers for families, by providing evening and weekend immunization clinics, and by improving communication among providers.
- Information and education is provided to health care providers and to parents. Health care providers are informed about the correct use of vaccines, and parents are educated about the importance of having their children immunized on time.
- Assessment is used to provide feedback to providers about their immunization practices and about the concerns of families using their services.
- Coordination and oversight establish a central point of responsibility to help improve all of the methods listed above.

Shots for Tots has improved access to immunizations, decreased cost to families, improved public awareness of the need for immunizations, and educated health care providers about proper immunization practices. The following chart illustrates the effectiveness of the Shots for Tots Program. Since its inception in 1992, immunization levels among 2-year-old children receiving care at public health units have increased by over 26 percent.

<b><i>Immunization Levels Among Two-Year-Old Children Receiving Care at Public Health Units Louisiana, 1992-1998</i></b>	
1992	55%
1993	59%
1994	64%
1995	75%
1996	79%
1997	81%
1998	82%

Source: Louisiana Office of Public Health, Immunization Program



## **B. SUDDEN INFANT DEATH SYNDROME (SIDS)**

The DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, SUDDEN INFANT DEATH SYNDROME (SIDS) PREVENTION AND CASE MANAGEMENT PROGRAM is designed to increase public awareness on the topic of SIDS and to provide education to reduce the risk of SIDS deaths. Educational material on SIDS risk-reduction has been developed for populations at risk. Grief counseling is made available to all families who have experienced the death of an infant due to SIDS.

In addition to public and professional education and grief counseling, standard data are collected on each case with the hope of identifying preventable circumstances that are associated with unexpected deaths in infancy. A program to improve the investigation of unexpected infant deaths through the training and certification of death scene investigators was begun in 1996. Over 87 investigators from coroner offices and police departments have been trained in death scene investigation in cases of unexpected deaths in infants.

## **C. HEARING, SPEECH, AND VISION PROGRAM: SOUND START PROGRAM FOR THE EARLY IDENTIFICATION OF HEARING IMPAIRMENT IN INFANTS**

Vision problems affect one in 20 preschoolers and one in 4 school age children. More than one in twenty-five preschoolers suffer from some type of communication disorder, i.e., speech, language, and/or hearing impairment. Four out of every 1,000 babies born have a significant hearing loss.

The goal of the MATERNAL & CHILD HEALTH, HEARING, SPEECH, AND VISION PROGRAM is to identify these problems in children as early as possible. A child's vision, hearing, and language development are the most essential skills required for learning and developing. Research shows that children who have hearing loss identified at birth and who are successfully enrolled in early intervention programs can reach appropriate developmental levels by the time they begin school. Early intervention has profound lifelong benefits for infants and toddlers with hearing impairment and for their families, and it results in containment of costs of special education and other services provided by the state.

OFFICE OF PUBLIC HEALTH staff trains volunteers, teachers, and nurses to perform vision and hearing screenings in Headstart centers, preschools, day care centers, and public and private schools. Hearing and vision equipment is available for loan to these facilities.

The Sound Start Program under the HEARING, SPEECH, AND VISION PROGRAM works through each community in the state to assure that every birthing hospital performs hearing screening tests for newborns, as required by law. The program has been implemented without specifically allocated funding, and has enjoyed phenomenal success, with the community involvement of professionals, physicians, hospital staff, education personnel, civic and charity organizations, parents, and the Deaf community.

Out of 73 birthing hospitals in Louisiana, all comply with the requirements of the law except for 4 hospitals with exemptions. The number of hospitals unable to comply with the law has steadily decreased from 14 in 1994, with the help of Regional Task Forces, local civic groups, and charities that have donated equipment and assisted hospitals to find resources. In addition, 39 hospitals



now voluntarily perform screening on every birth at their facility, going beyond the requirements of the law. Approximately 52% of the children born in Louisiana receive a hearing screening before they are discharged from the hospital.

Louisiana has received national recognition for its newborn hearing screening program. It is among the top 4 states in the country in the number of hospitals providing universal hearing screening. The average age of identification of hearing loss across the United States is 30 to 36 months. Since the beginning of the Sound Start Program in 1994, the average age for children identified through this program has remained below 3 months of age.

## D. CHILDREN'S SPECIAL HEALTH SERVICES

CHILDREN'S SPECIAL HEALTH SERVICES (CSHS) is a program that provides services for eligible children and families with serious disabilities that significantly limit major life activities. These children have complex medical conditions that may be rare, severe, or disabling and that require pediatric sub-specialty services on an on-going basis.

Some of the products and services provided by the CHILDREN'S SPECIAL HEALTH SERVICES program are medications, durable medical equipment, home health care, physical therapy, hospital care, parent training, and case management to coordinate primary and specialty services. There are nine regional CSHS clinics throughout the State of Louisiana, which together served 9,319 children in 1997 and handled a volume of 23,039 clinic visits.

## E. SAFE KIDS COALITION

The DHH, OFFICE OF PUBLIC HEALTH, INJURY RESEARCH AND PREVENTION SECTION supports ongoing community-based injury prevention programs. One of these is the SAFE KIDS Coalition, which conducts prevention activities for unintentional injuries in children.

At the state level, the SAFE KIDS Coalition works to inform the public that unintentional injuries are the leading cause of death for children under age 14. The Coalition also works to organize and promote policies and programs to prevent childhood injury. At the community level, 10 local chapters sponsor injury prevention education activities for community members.

Examples of these injury prevention education activities include hands-on car seat safety clinics, where trained specialists check for proper car seat installation and educate parents on how to use car seats correctly, and the promotion of bike helmet use through reminder tags that are hung on bicycle handlebars. Other examples of educational programs available through SAFE KIDS include smoke detector use, pedestrian safety, and toy safety.



## **F. CHILD CARE HEALTH CONSULTANT PROGRAM**

The American Academy of Pediatrics/American Public Health Association recommends that each child care facility should utilize the services of a health consultant to provide ongoing assistance in the area of health. Louisiana was one of the first states to institute such a program.

The **MATERNAL AND CHILD HEALTH PROGRAM** of the **OFFICE OF PUBLIC HEALTH** coordinates the activities of the Child Care Health Consultant Program. By combining professional health experience with knowledge and training in child care, consultants work to support, assist, and problem solve with child care providers in order to improve the safety and quality of child care. Consultants serve as a source of education, guidance, and support to child care facilities; provide technical assistance; act as health resource and referral persons; and provide access to health care information. This program also has the advantage of bringing together a multi-disciplinary network of both public and private health professionals from a variety of settings to address local community needs.

To date, there are 150 health professionals who have been trained and are certified by the DHH, **OFFICE OF PUBLIC HEALTH** and the **DEPARTMENT OF SOCIAL SERVICES, BUREAU OF LICENSING**. In 1998, 107,620 infants, children, and adolescents were seen in a total of 228,366 visits. More than 17,000 child care providers have received some health and/or safety training.

## **G. PREVENT ABUSE AND NEGLECT THROUGH DENTAL AWARENESS (P.A.N.D.A.)**

The P.A.N.D.A. (Prevent Abuse and Neglect through Dental Awareness) program was formed through the efforts of the **ORAL HEALTH PROGRAM** in the **OFFICE OF PUBLIC HEALTH**. The P.A.N.D.A. coalition is maintained by community members and is chaired by the president of the **LOUISIANA CHAPTER OF THE ACADEMY OF PEDIATRIC DENTISTRY**. This program aims to standardize the level of training and education of dental care professionals, and to provide to dentists and hygienists throughout the state additional information that will assist them in detecting and reporting suspected child abuse and neglect.

## **H. CHILD HEALTH PROGRAM**

The Child Health Program, from the **MATERNAL AND CHILD HEALTH PROGRAM** of the **OFFICE OF PUBLIC HEALTH**, is a program that offers preventive health services to infants and children who are unable to access such services because of geographic or financial barriers or lack of providers.

This program provides periodic health appointments, which can involve a history and physical examination; immunizations; assessment of growth; assessment of developmental status; laboratory screening for PKU, congenital hypothyroidism, sickle cell disease, anemia, urinary tract problems, and lead poisoning; screening for vision, hearing, or speech problems; and parental counseling and education. Nutritionist and social services are available in addition to medical and nursing services.

In 1998, 107,620 infants, children, and adolescents were seen in a total of 228,366 visits. Approximately 40% of the children seen were uninsured by either Medicaid or private insurance.



## I. ADOLESCENT SCHOOL HEALTH INITIATIVE

Pursuant to a legislative request, the DHH OFFICE OF PUBLIC HEALTH (OPH) conducted a study in 1990 that concluded that the causes of adolescent deaths and illnesses could be reduced or prevented through greater adolescent health education and improved teen access to primary/preventive health care and professional counseling. Therefore, in 1991 the Louisiana State Legislature created the Adolescent School Health Initiative to facilitate the development of comprehensive health centers in public middle and senior high schools.

The School-Based Health Care Program, officially known as the Adolescent School Health Initiative, is directed by the DHH OFFICE OF PUBLIC HEALTH, MATERNAL AND CHILD HEALTH PROGRAM. School-Based Health Centers (SBHCs) are an integral part of the State's Comprehensive School Health Program, which also encompasses education, school environment, nutrition, physical fitness, and parent and community involvement.

Sources of funding for the School-Based Health Centers (SBHCs) include OPH State General Fund, Maternal and Child Health Block Grant, Robert Wood Johnson Making the Grade, local in-kind contributions, and Medicaid reimbursement.

School-Based Health Centers are established by a sponsoring agency (the grantee), which is responsible for management of the health center. Hospitals, medical schools, health departments, youth-serving agencies, community organizations, or school systems may be a sponsoring agency. Each SBHC's staff includes a licensed physician, a nurse or nurse practitioner, a mental health counselor, a clinic administrator, and support staff, who all work in collaboration with the counselors, social workers, psychologists, and speech, physical, and occupational therapists on school campuses. Services provided include preventive health care, medical screenings, sports and employment physicals, treatment for common simple illnesses, referral and follow-up for serious illnesses and emergencies, mental health counseling, immunizations, and preventive services for high-risk conditions, such as pregnancy, sexually transmitted disease, drug and alcohol abuse, violence, and injuries.

In the 1997-98 academic year, 30 School-Based Health Centers were operational in 14 parishes, providing services to students at 65 schools. By the end of the 1998-99 school year, two new full-time and four part-time sites in four additional parishes are expected to open. Many sites have expanded services to primary and elementary feeder schools. A total of 37 Louisiana parishes in all nine state regions have thus far participated in SBHC development.

In the 1997-98 school year, 21,767 students received services, and there were 139,871 visits to the centers.

## J. LOUISIANA PREGNANCY RISK ASSESSMENT MONITORING SYSTEM (LaPRAMS)

LaPRAMS is an on-going, population-based surveillance system designed to identify and monitor selected maternal behaviors that occur before and during pregnancy and during a child's early infancy. It is a joint effort between the OFFICE OF PUBLIC HEALTH (OPH) and the CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC). The CDC and the OPH DIVISION OF HEALTH INFORMATION provide technical assistance to LaPRAMS. The OPH FAMILY PLANNING and MATERNAL AND CHILD HEALTH programs provide all funding for the project.



LaPRAMS data are collected by means of mail surveys and telephone interviews. Louisiana women who have had a recent live birth are randomly selected to participate in LaPRAMS. Since data collection was initiated in October of 1997, 4,176 women have been selected to receive the LaPRAMS questionnaire. Approximately 65% (2,707 out of 4,176) women have completed the survey. The average response rate achieved during the first six months of data collection was 65%. Since that time, an average response rate of 71% has been maintained.

LaPRAMS data will be used to supplement information from vital records and to generate information for planning and assessing perinatal health programs around the state. Findings from the data will also be used to develop programs designed to identify high-risk pregnancies. In addition, LaPRAMS data will enhance the understanding of maternal behaviors and the relationship between these behaviors and adverse pregnancy outcomes, such as low birth weight and infant mortality.

The LaPRAMS data analysis phase was recently initiated. During 1999, LaPRAMS data will be used to measure federal block grant performance indicators for both MATERNAL AND CHILD HEALTH and FAMILY PLANNING. Later this year, an LaPRAMS surveillance report will be provided to OPH program staff. This report will present OPH program administrators a fundamental yet important overview of maternal behaviors and experiences in Louisiana. It will also afford OPH programs the opportunity to identify future LaPRAMS analyses tailored to supply more detailed health information.

## **K. WOMEN'S PREVENTIVE HEALTH PROGRAM**

The WOMEN'S PREVENTIVE HEALTH PROGRAM (WPHP) is designed to improve longevity and the quality of life for women in Louisiana by reducing morbidity and mortality due to preventable causes. The program's mission is accomplished via the following activities:

- Screening for medical conditions that can be effectively treated, including breast cancer, cervical cancer, hypertension, diabetes, obesity, and colon cancer
- Health guidance and counseling to influence positively those health behaviors known to be associated with poor health outcomes
- Empowerment of community-based organizations to deliver the message of prevention to female peers and thus to expand the program throughout the state.

The last year has been very effective in the communities throughout Southeast Louisiana, an area severely affected by many chronic diseases. More than 1,500 women were involved in outreach and screening activities. Since the program's inception, four abnormalities have been found and successful treatment strategies pursued.

The WPHP provides preventive health services only; women who have an established disease requiring treatment and those with signs and symptoms of disease are referred to their personal physician or public health care provider. Eligibility for specific screening services is based on age, risk factors, and economic status. An integral component of the program is the collection of data regarding risk factors, screening, and screening results to assure that women who need treatment reach a treatment provider.

The WPHP is working through public and private partnerships with other health providers to provide services to women. By year-end, screening services should be available statewide.





## **Programs Targeting Families**

### **L. HEALTHY FAMILIES—HOME VISITATION PROGRAM**

The MATERNAL AND CHILD HEALTH PROGRAM of the OFFICE OF PUBLIC HEALTH has undertaken home visitation programs to impact Louisiana's high rates of infant mortality, low birth weight, and child maltreatment. Currently there are four home visiting programs that follow the Healthy Families Program developed in Hawaii, which utilizes paraprofessional home visitors. This model seeks to prevent child abuse and neglect by focusing interventions on promoting child growth and development, modeling and fostering positive parenting skills and parent-child interactions, assuring provision of needed health care, and developing support systems for families.

During fiscal year 97-98, MCH worked diligently to establish the groundwork for the implementation of the David Olds Nurse Home Visitation Model in two pilot programs to begin in Louisiana in January 1999. The program is for first time mothers of low socio-economic status. Nurses follow a very strict program protocol that calls for regular visits to the family from twenty-eight weeks of pregnancy until the infant is two years of age. This model was chosen by MCH because of its proven effectiveness as a preventive intervention. Clinical trials and longitudinal studies have shown that this model of prevention significantly reduced by 79% the verified reports of child abuse and neglect, reduced by 31% the number of subsequent births, and increased by 83% the rates of labor force participation. MCH worked closely with the LOUISIANA CHILDREN'S CABINET to promote the program for future statewide implementation, and this program was chosen as one of the top program priorities recommended by THE CHILDREN'S CABINET. With the groundwork laid, MCH is looking forward to successful implementation of the two pilot programs during fiscal year 98-99 and to statewide implementation shortly thereafter.

### **M. PUBLIC CAMPAIGN FOR PARENTING EDUCATION & CHILD ABUSE PREVENTION**

The LOUISIANA COUNCIL ON CHILD ABUSE (LCCA), in conjunction with the DHH, OFFICE OF PUBLIC HEALTH, is in the third year of a statewide campaign designed to reach parents with educational messages about parenting and to encourage the use of a toll-free, informational support and referral resource for families: LCCA's HELPLINE (800-348-KIDS). Campaign themes have addressed positive communication, positive discipline, and stress prevention for parents. Calls to the HELPLINE have increased by 65% compared with pre-campaign totals.

In order to emphasize the educational topics and to conduct training sessions in their communities, a volunteer Speakers Bureau has been established in major cities throughout the state. The trained volunteers include representatives from the OFFICE OF COMMUNITY SERVICES, law enforcement, the media, and health care. Last year over 3,000 individuals were reached through the Speakers Bureau.

In addition, the MATERNAL AND CHILD HEALTH PROGRAM (MCH) of the OFFICE OF PUBLIC HEALTH is training all public health nurses and public health social workers in Bright Futures, a nationally recognized set of guidelines for child health supervision. The curriculum of Bright Futures is designed to promote and improve the health, education, and well-being of children, adolescents, families, and communities.





Furthermore, in a cooperative effort between the MCH and WOMEN, INFANTS, AND CHILDREN (WIC) NUTRITION PROGRAM, new Parenting Education Cards have been produced. These cards offer ideas for parents on how to deal with the difficult aspects of parenting by using actual quotes from almost 800 Louisiana parents who were surveyed. These cards are available to all parents visiting the public health units and to private community resources that request provision of the cards to their offices.

## **N. LOUISIANA'S SERVICE SYSTEM FOR PERSONS WITH DEVELOPMENTAL DISABILITIES— DEVELOPMENTAL CENTERS AND THE COMMUNITY SERVICES REGIONAL OFFICES**

Louisiana's DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE FOR CITIZENS WITH DEVELOPMENTAL DISABILITIES (OCDD), administers the MR/DD Service System for individuals with mental retardation and/or developmental disabilities through the nine developmental centers and eight regional offices. The DEPARTMENT OF HEALTH AND HOSPITALS also contracts the CAPITAL AREA HUMAN SERVICES DISTRICT (CAHSD) and the JEFFERSON PARISH HUMAN SERVICES AUTHORITY (JPHSA) to arrange for community-based services for the areas under their authority. The developmental centers provide residential services and other related services to the persons who reside at these facilities. The Community Services Regional Offices provide, through contract with private provider agencies, an array of community-based services including diagnosis and evaluation, family support, vocational and habilitation, case management, and supported living services. Agreements for family support services such as respite and personal care assistance are also provided through agreements with families.

<b><i>Community Services Regional Offices Louisiana, 1998</i></b>		
<b><i>Region</i></b>	<b><i>Office</i></b>	<b><i>Administrator</i></b>
Region 1	New Orleans	OCDD
Region 2	Baton Rouge--CAHSD	CAHSD
Region 3	Thibodaux	OCDD
Region 4	Lafayette	OCDD
Region 5	Lake Charles	OCDD
Region 6	Alexandria	OCDD
Region 7	Bossier City	OCDD
Region 8	Monroe	OCDD
Region 9	Mandeville	OCDD
Region 10	Metairie--JPHSA	JPHSA



## **Programs Targeting Infectious Diseases**

### **O. TUBERCULOSIS (TB) PREVENTION AND OUTREACH**

During a recent National Tuberculosis (TB) Controllers Workshop, Kenneth Castro M.D., Director of the Division of TB Elimination at CDC, stated, "the United States is back on track towards the elimination of TB. However, the national trend masks areas of ongoing concern, in particular sporadic outbreaks of drug resistant disease, high incidence 'pockets of infection', the introduction of disease among foreign-born persons, and disturbing signs of possible renewed complacency on the part of the public, the body politic, and some segments of the health community."

The DEPARTMENT OF HEALTH AND HOSPITALS, through the OFFICE OF PUBLIC HEALTH'S TB CONTROL SECTION, addresses these areas of concern by monitoring the treatment of reported cases of TB. Disease Intervention Specialist (DIS) staff routinely support this effort through the provision of Directly Observed Therapy (DOT) - a service provided to ensure compliance with and completion of treatment for all patients, public or private. DIS staff also investigate each case of TB to assure timely identification and evaluation of contacts to TB.

Of those patients who have been designated "closed," 97% completed therapy in 1997 as compared with the 96% completing therapy among "closed" cases in 1996. This increase was due, in part, to both the intense DOT efforts of DIS staff and to the utilization of incentives and enablers.

### **P. SEXUALLY TRANSMITTED DISEASE (STD) AND HIV/AIDS PREVENTION PROGRAMS**

The DEPARTMENT OF HEALTH AND HOSPITALS, OFFICE OF PUBLIC HEALTH, aims to prevent the spread of STDs and HIV/AIDS through a variety of methods, including prevention education; HIV counseling, testing, referral and partner notification; STD treatment and control, including syphilis partner notification; peer programs; street and community outreach in selected zip codes areas; and statewide condom distribution via businesses in communities with high rates of sexually transmitted diseases and HIV/AIDS.

STD control is a labor-intensive task, relying on the rapid location of a person's sexual partners in the community to halt further spread of the disease. To prevent the spread of disease, the STD CONTROL PROGRAM conducts four basic activities:

- Prevention activities - education and provision of information to patients and the general public about STDs and the use of condoms
- Clinical services - testing, diagnosis, and treatment of patients seen in the clinics
- Epidemiology - surveillance, location, and referral of persons suspected of having an STD, for examination and early treatment
- Targeted screening - as a mechanism to discover infections in certain populations and determine disease prevalence.

In order to reach people who have the highest risk of infection, the STD CONTROL PROGRAM works with a number of other health-related programs, including MATERNAL AND CHILD HEALTH, FAMILY PLANNING, correctional institutions, substance abuse centers and other facilities where STDs may be prevalent. Collaboration with these programs and efforts of STD field personnel resulted in the screening of over 200,000 people for STDs in 1997.



HIV/AIDS prevention activities and target populations are determined by the statewide HIV COMMUNITY PLANNING GROUP, whose membership ranges from public health and social service professionals to HIV-infected individuals and those at risk for acquiring HIV.

Currently, the OFFICE OF PUBLIC HEALTH HIV/AIDS PROGRAM provides support and technical assistance to 22 community-based organizations (CBOs) that target high risk populations across the state. HIV antibody testing and counseling takes place in over 360 sites statewide, including public health units, drug treatment centers, and CBOs. In 1996, over 12,400 HIV antibody tests were conducted in public prenatal clinics across the state. In addition, a referral tracking system has been developed for pregnant and postpartum HIV-infected women and their infants.

In 1997, the Statewide HIV/AIDS Hotline received over 9,500 calls requesting information regarding HIV/AIDS, STDs, and referrals. Furthermore, the OFFICE OF PUBLIC HEALTH distributed nearly 500,000 HIV/AIDS and STD prevention education materials to parish health units, CBOs, and other agencies.

#### **Q. STD, TB, AND HIV/AIDS SCREENING THROUGH THE ALCOHOL & DRUG ABUSE PROGRAM**

The OFFICE OF ALCOHOL AND DRUG ABUSE (OADA) continues to offer outreach services to Intravenous Drug Users (IVDUs) statewide, using the indigenous, behavioral, and/or other outreach models. Ongoing outreach efforts involve networking with other agencies to provide access into the local communities. A variety of community sites are used, including but not limited to United Way, Alcoholics Anonymous/Narcotics Anonymous groups, businesses, mental health clinics, health clinics, charity hospitals, correctional facilities, and jails. Activities include education, prevention, condom distribution, clean needle demonstrations, medical evaluations, and referrals for treatment.

OADA maintains an on-going campaign to educate citizens about the proper use of condoms, and distribution of condoms to adults is undertaken in all regions. Information is distributed in the areas of education, testing, safe sex, and disease treatment. OADA participates on the STATEWIDE HIV COMMUNITY PLANNING GROUP (SCPG) and two subcommittees at the regional level: Nominations and Special Needs. The goal of the statewide group is to fit the guidelines of community planning. The committee develops and submits an annual grant application to the CENTER FOR DISEASE CONTROL (CDC) and keeps Louisiana residents informed about HIV infection and prevention. The committees include individuals with expertise in education, substance abuse, health, public health, and special populations with representatives from each region (who generally represent at-risk communities), and representatives from the DEPARTMENT OF CORRECTIONS, EDUCATION, and OADA. The SCPG meets four times per year. Epidemiological data are collected allowing public input via public forums to develop a profile, target populations, and strategies.



## **Programs Targeting Substance Abuse, Violence, and Mental Health**

### **R. ALCOHOL, DRUG, TOBACCO, AND OTHER PREVENTION ADDICTION SERVICES**

The DIVISION OF PREVENTION SERVICES, OFFICE OF ALCOHOL AND DRUG ABUSE (OADA), DEPARTMENT OF HEALTH AND HOSPITALS is responsible for administering alcohol, tobacco, and other addiction prevention services. There are eight regional prevention offices responsible for coordinating, implementing, and promoting prevention efforts. All services provided on the regional level are outreach based. Prevention services are provided to individuals, families, schools, communities, policy makers, and other interested groups or programs.

There are currently 31 contractual prevention programs funded through OADA. The scope of these contracts varies under the six federal primary prevention categories, which are Information Dissemination, Education, Alternative Activities, Community-Based Process, Environmental Initiatives, and Identification and Referral. OADA also funds eight youth tobacco prevention/community coalition development contracts. These contracts address the sale of tobacco products to persons under the age of 18. In December of 1996 the noncompliance rate for tobacco sales to minors was 75%. The current non-compliance rate is 20%. The Office achieved this goal three years ahead of schedule.

During 1998, the DIVISION OF PREVENTION SERVICES, engaged in a series of activities geared toward preventing alcohol, drugs, tobacco, and other addictions of adults and minors in the State.

The Office hosted a one-day meeting with ten college and university presidents and chancellors and plans to contract with them to address the issue of drinking behavior among college students.

The Office conducted the Communities that Care Survey in over 90% of the schools in the state. This survey identifies the risk and protective factors around the areas of alcohol, tobacco and other drug abuse. The results will be available in April 1999.

A survey of alcohol sales to minors was completed in 1998. The results were sale rates of 43% from alcohol sales of on-premise consumption (bars and restaurants) and 24% from off-premise (retail) consumption.

The OFFICE OF ALCOHOL AND DRUG ABUSE was awarded two grants totaling \$760,000 to address underage drinking from the federal Office of Juvenile Justice and Delinquency Prevention. The first grant will address community and college drinking behaviors. The second grant will target three communities, Hammond, Covington, and Thibodaux.

OADA participates in a three-way collaborative pilot project between the OFFICE OF PUBLIC HEALTH, and the OFFICE OF MENTAL HEALTH for jointly creating and funding a full-time experienced Board Certified Social Work professional on the staff of a school-based health center (SBHC) serving grades 7-12. The staffs' role, as a member of a multidisciplinary team, is to help create a psycho-socially healthy school environment for adolescents and to provide preventive substance abuse and mental health services and crisis counseling to students at risk for engaging in harmful behaviors. This one-year pilot project began July 1998.



## S. VIOLENCE PREVENTION

The INJURY RESEARCH AND PREVENTION SECTION'S Violence Prevention Program applies public health tools to the prevention of violence – using epidemiology to define risk factors and risk groups to target with prevention interventions, evaluating those interventions, and disseminating the interventions that work. The Program is currently developing an information base on risk factors and programs that work. Future directions for the Program include securing funding for the development of mechanisms and materials to implement the best practices in violence prevention in Louisiana communities.

## T. SUICIDE ASSESSMENT

Mental Health professionals conduct a suicide assessment of any consumer who presents to the system with emotional or behavioral problems, or with symptoms of severe mental illness. Additionally, all paraprofessionals who work with the mentally ill client are trained in the mental health assessment of potential suicide. These assessments include current ideations of self-harm, plans for self-harm, and whether the consumer has the means to harm him/herself. Immediate steps are taken to protect that individual when indicated by the mental health assessment of suicide potential. Additionally, the assessment includes past history of suicidal ideation, an assessment of the severity of previous attempts, and the emotional and environmental factors surrounding previous suicidal issues for the consumer.

The OFFICE OF MENTAL HEALTH provides a comprehensive crisis intervention program throughout the State for all citizens who may experience thoughts of suicide, as well as other signs and symptoms of a mental health crisis. This system includes crisis phone lines with 1-800 numbers, a Single Point of Entry system for those who need face-to-face evaluation, hospital diversionary programs (such as respite), or acute hospitalization.

## U. PROGRAMS OF THE OFFICE OF MENTAL HEALTH

The mission of the OFFICE OF MENTAL HEALTH (OMH) is to perform the functions of the state that provide or lead to treatment, rehabilitation, and follow-up care for individuals in Louisiana with mental and emotional disorders. OMH administers and/or monitors community-based services, public or private, to assure active quality care in the most cost-effective manner in the least restrictive environment for all persons with mental and emotional disorders. OMH operates an effective, efficient, comprehensive, integrated, and culturally competent system of mental health services guaranteeing consumer and family involvement so as to meet the needs of adults with serious mental illness and of children with serious emotional disturbance and to reduce the need for out-of-home placement.

### **The Children's Assertive Community Treatment – Region III**

This program selects children and youth with at least two previous psychiatric hospitalizations as its top priority. The purpose is to break the cycle of psychiatric institutionalization through an aggressive, skill-based, wrap-around approach to child and family. The program also serves children who have not yet been hospitalized but who are at imminent risk of out-of-home care. Over sixty children have remained out of the hospital over the last three years.

**School-Based Mental Health Services**

The OFFICE OF MENTAL HEALTH is actively engaged in the direct support of mental health services in over 160 schools in the state through local mental health centers and in 26 full time School-Based Health Centers. The Office of Mental Health funds mental health staff at the Lake Charles and Baton Rouge SBHC's. Collaborative pilots in funding school-based mental health staff in SBHC's with the OFFICE OF PUBLIC HEALTH and the OFFICE OF ALCOHOL AND DRUG ABUSE at a New Orleans SBHC show promise for future, jointly funded expansion of this pilot.

Provision of mental health services at the school is proving to be an effective method of intervening in children's lives and preventing the need for more acute outpatient or inpatient services. Over 22,000 children and adolescents received mental health services at school through the local mental health clinic or School-Based Health Center.

**Evolutions**

Greenwell Springs Hospital has implemented Evolutions, a partial hospitalization program for adolescents who are experiencing emotional and behavioral problems but do not require inpatient hospitalization. The program serves as an alternative to inpatient treatment and also facilitates the transition from inpatient to outpatient treatment. Intensive therapeutic interventions assist the adolescents to find more effective ways of functioning in the home, school, and community. This program is a collaborative effort with local school systems.

**St. Charles Assertive Treatment (SCAT) Clinic with No Walls**

The St. Charles Assertive Treatment Program is a community-based mental health treatment initiative, enhancing service delivery in rural communities and improving the overall quality of life for individuals with severe and persistent mental illnesses. The goal is to prevent hospital recidivism and to allow the consumer to sustain a high quality of life in the community.

The program is accessible to consumers and their families 24 hours a day for crisis intervention. A multi-disciplinary team of professionals and paraprofessionals provides treatment and rehabilitation. This program is specifically designed to assist consumers in their home environment with flexible services. It is very effective as an intervention for consumers with complex needs.

**Project Life**

The supported living program, Project Life, utilizes an assertive community treatment model to assist persons with very severe mental health disabilities to live in the community. All persons have been hospitalized at least once in the nine months prior to acceptance into the program, or have experienced multiple hospitalizations within the year preceding admission into the program. Services include housing supports, case management, vocational services, and psychiatric rehabilitation services. Consumers, called community trainers, provide skills training and case management.

**Acute Psychiatric Unit – Washington St. Tammany Parish  
Continuity of Care**

The Acute Psychiatric Unit provides for consumers recently discharged from the hospital to return to their home environment and continue to recover from illness. Consumers who have histories of multiple hospitalizations and complex treatment needs are the primary recipients of these services. Assessments are made during home visits focusing on the patient's general adjustment back to the community. Hospital treatment staff involved in the program are available to the consumer and/or family should the need arise.





## **Medical Center of Louisiana New Orleans (MCLNO) Mental Health Services**

### **Partial Hospitalization Program**

The Partial Hospitalization Program provides a comprehensive range of integrated clinical, rehabilitative, and related services to individuals with severe and persistent psychiatric disabilities who live in the Greater New Orleans area. Family participation is encouraged. If a program member presents to the Psychiatric Triage Unit with a crisis, the Partial Hospitalization Program staff members are notified and often are able to intervene with the patient to prevent hospitalization.

### **Assertive Outreach – Rapid Response Team**

The Rapid Response Team works with the chronically mentally ill population, using non-traditional methods to reach those who have not been able to benefit from traditional mental health centers and hospitals. The team has pager coverage to provide 24-hour service for their patients. If a participant presents to the Psychiatric Triage Unit at MCLNO, the team member attempts to intervene and avoid further hospitalization. The close contact with the consumers allows the team to monitor medication compliance, observe for early signs of decompensation, and intervene as appropriate.

## **Programs Targeting Environmental Health**

### **V. COMMUNITY WATER FLUORIDATION**

Currently, 54.9% of the population served by public water systems are serviced by optimally fluoridated water systems. Renewed effort has been undertaken toward reaching the CENTERS FOR DISEASE CONTROL Healthy People 2000 goal of optimally fluoridating 75% of the population's water supply.

Community water fluoridation efforts have been re-established with recent legislation, ensuring a stable OFFICE OF PUBLIC HEALTH Fluoridation Program. The program will oversee monitoring and evaluation of current systems, provide training and assist in promotional activities, together with the ORAL HEALTH and ENVIRONMENTAL HEALTH PROGRAMS of the OFFICE OF PUBLIC HEALTH and the newly established FLUORIDATION ADVISORY BOARD. This board will function to secure additional resources needed to implement fluoridation systems created as a result of promotional activities.

Thus far, the parish of Plaquemines and the town of Amite, Louisiana have recently passed council ordinances to implement community water fluoridation with the potential to reach an additional 31,000 Louisiana residents.

### **W. ENVIRONMENTAL HEALTH ADVISORIES**

The Louisiana DEPARTMENT OF HEALTH AND HOSPITALS SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY (SEET) issues fish consumption advisories in consultation with state environmental agencies when chemicals or heavy metals in sport fish reach levels that could potentially harm the public. Methyl mercury, a metal compound sometimes found in fish, can cause birth defects and neurological problems when present at high levels.

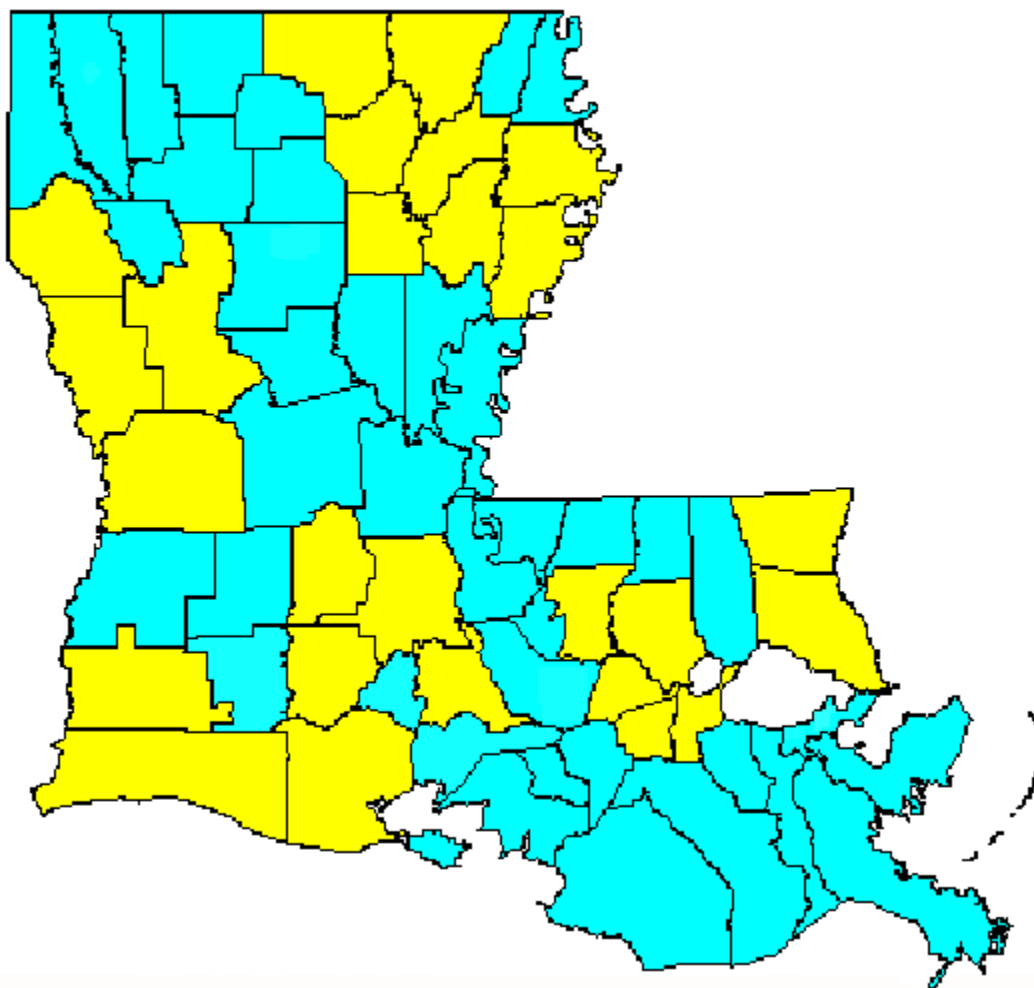


**Mercury in Fish**

SEET works with the LOUISIANA DEPARTMENT OF ENVIRONMENTAL QUALITY (LDEQ) to assess the extent of mercury contamination in fish. LDEQ collects and samples fish from water bodies that are selected based on their pH, usage, and SEET recommendations. SEET's Health Advisor then coordinates a risk analysis, and, if warranted, the State Health Officer issues a fish consumption advisory for specific species of fish. Of over 100 water bodies tested to date, fourteen health advisories for fish containing mercury have been issued. These advisories cover 12 freshwater water bodies in or traversing 15 parishes (see map on following page). An advisory on king mackerel in the Gulf of Mexico also exists.

**Parishes with Mercury-Related Fish Advisories  
in Louisiana**

The light portions of the following map represent parishes in Louisiana with advisories.



Source: Section of Environmental Epidemiology and Toxicology



## **X. ENVIRONMENTAL HEALTH EDUCATION**

### **Methyl Parathion and Other Pesticides**

In the fall of 1998, the SECTION OF ENVIRONMENTAL EPIDEMIOLOGY AND TOXICOLOGY began developing a plan for a statewide public health education project on Methyl Parathion and other pesticides in order to educate people in Louisiana about safe pest prevention control and on the safe use of pesticides.

The plan involves compiling available health education material on pesticides and revising material to make brief and easy to read fact sheets; developing pesticide education resource manuals and distributing the manuals to each parish health unit across the state of Louisiana. The manuals will include easy to read, reproducible health information (fact sheets) that staff at local parish health units can photocopy and use to educate people in their parish. It will also contain information about what to do if someone is exposed to pesticides (for the public), pesticide emergency response (for OPH staff), including reporting procedures and forms.

### **Mercury in Fish**

SEET, ENVIRONMENTAL QUALITY, WILDLIFE AND FISHERIES, and AGRICULTURE AND FORESTRY entered into an interagency agreement in 1997 to determine jointly which water bodies in the state needed health advisories based on levels of environmental contamination.

Also, that same year, the Louisiana legislature provided funding to assess mercury levels in recreationally caught fish and to offer free blood screening services in parishes where high levels of mercury had been identified.

The agencies, working with representatives of the SIERRA CLUB and the AUDUBON SOCIETY, produced two informative brochures, one for the general public and the other directed specifically toward pregnant women and mothers of small children. The publications were widely distributed throughout Louisiana including OB/GYN and pediatricians' offices and parish health units.

The environmental organizations continue to work closely with the legislature and the state departments to inform the public about the potentially deleterious effects of mercury and other contaminants on people's health.

### **Health Professional Education**

SEET conducts Health Professional Education as part of its educational activities. SEET targets physicians and other health professionals near Superfund and proposed-Superfund sites to receive case studies from the AGENCY FOR TOXIC SUBSTANCES AND DISEASE REGISTRY (ATSDR). Information provided focuses on site contaminants, health effects from exposure, and clinical descriptions of the diagnosis and management of cases of chemical exposure.

Since 1996, SEET has disseminated ATSDR Case Studies to over 4,000 Louisiana physicians in 20 parishes. The most recent mailing occurred in February of 1998 when SEET distributed ATSDR Case Studies entitled "Mercury Toxicity" and "Taking Exposure History" to 750 physicians in ten parishes.

### **Public Health Response for Chemical Spills**

SEET sees the need for a public health-specific emergency response to chemical spills. SEET will work with physicians and other health professionals across the state of Louisiana to develop a system that more rapidly and accurately responds to individuals who are exposed to toxic chemicals in their environment.

